

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

FREEDOMWORKS FOR AMERICA

FEC IDENTIFICATION NUMBER ▼

C C00499020

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Freedomworks

Date

M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2012

Mailing Address 400 N CAPITOL STREET NW SUITE 765

City
WashingtonState
DCZip Code
20001

Amount

148.51

Transaction ID : SE.51878

Purpose of Expenditure
IE-Mandel-Est. Staff & OverheadCategory/
Type 001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

16058.67

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Freedomworks

Date

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2012

Mailing Address 400 N CAPITOL STREET NW SUITE 765

City
WashingtonState
DCZip Code
20001

Amount

74.38

Transaction ID : SE.51879

Purpose of Expenditure
IE-Mandel-Est. Staff & OverheadCategory/
Type 001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

18433.05

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

222.89

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan Hecker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 5
FOR SE OF FORM 24/48

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FEC IDENTIFICATION NUMBER ▼

C

C00499020

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Freedomworks

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 400 N CAPITOL STREET NW SUITE 765

Amount

74.38

City

Washington

State

DC

Zip Code

20001

Transaction ID : SE.51880

Purpose of Expenditure

IE-Mandel-Est. STaff & Overhead

Category/
Type

001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

18507.43

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Freedomworks

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 400 N CAPITOL STREET NW SUITE 765

Amount

148.75

City

Washington

State

DC

Zip Code

20001

Transaction ID : SE.51881

Purpose of Expenditure

IE-Mandel-Est. Staff & Overhead

Category/
Type

001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

18656.18

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

223.13

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

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Ryan Hecker

Signature

[Electronically Filed]

Date

M M M /

D D D /

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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C C00499020

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Mungo LLC

Date

MM / DD / YYYY

Mailing Address 625 Clay Street E

Amount

2068.00

Purpose of Expenditure
IE-Mandel-Door HangersCategory/
Type 004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

15910.16

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mungo LLC

Date

MM / DD / YYYY

Mailing Address 625 Clay Street E

Amount

1650.00

Purpose of Expenditure
IE-Mandel-Door Hangers/Palm CardsCategory/
Type 004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

18433.05

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3718.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Ryan Hecker

Signature

[Electronically Filed]

Date

MM / DD / YYYY

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

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FEC IDENTIFICATION NUMBER ▼

C C00499020

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Mungo LLC

Date

MM / DD / YYYY

Mailing Address 625 Clay Street E

Amount

650.00

City

Monmouth

State

OR

Zip Code

97361

Transaction ID : SE.51886

Purpose of Expenditure
IE-Brown-Palm CardsCategory/
Type 004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

SHERROD BROWN

Calendar Year-To-Date Per Election
for Office Sought

18433.05

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mungo LLC

Date

MM / DD / YYYY

Mailing Address 625 Clay Street E

Amount

5890.00

City

Monmouth

State

OR

Zip Code

97361

Transaction ID : SE.51884

Purpose of Expenditure
IE-Mandel-Door Hangers/Yard SignsCategory/
Type 004

Office Sought:

☐ House

State: UT

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

5890.00

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

6540.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Ryan Hecker

[Electronically Filed]

Date

MM / DD / YYYY

Signature

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PAGE 5 OF 5
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Full Name (Last, First, Middle Initial) of Payee

Mungo LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 625 Clay Street E

Amount

38189.00

City

Monmouth

State

OR

Zip Code

97361

Transaction ID : SE.51885

Purpose of Expenditure

IE-Mandel-Door Hangers/Bumper Stickers/Palm Cards

Category/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

56845.18

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

38189.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

48893.02

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan Hecker

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y